



# BUSINESS LICENSE APPLICATION

## City of Central Point

140 South Third Street  
Central Point, Oregon 97502

Application Date: \_\_\_\_\_

License No: \_\_\_\_\_

Central Point municipal code section 5.04.030 requires all businesses conducted within the City to be licensed. Licenses shall be valid until the 30th of June following the date of issuance. The fees imposed by the City of Central Point ordinance are for revenue purposes only. Neither the acceptance of the prescribed fee nor the issuance of the applicable license shall be construed to constitute regulation of any business activity or a permit to engage in any activity otherwise prohibited by law or ordinance of the City of Central Point. The applicant certifies compliance with all applicable ordinances of the City of Central Point relating to the regulation of business activity. In the event additional persons are employed by the applicant within the City necessitating additional revenue fee, it shall be the responsibility of the applicant to make further application for supplementary license and to pay the additional fee.

### Please print or type information

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_  
State License No: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ FAX #: \_\_\_\_\_  
(If Required)

### Specify Nature of Business: \_\_\_\_\_

#### Business Location

Address: \_\_\_\_\_  
\_\_\_\_\_

110000	Ag, Forestry, Fishing & Hunting
210000	Mining
220000	Utilities
230000	Construction
310000-330000	Manufacturing
420000	Wholesale Trade
440000-450000	Retail
480000-490000	Transportation Warehousing
510000	Information
520000	Finance & Insurance
530000	Real Estate/Rental & leasing
540000	Professional, Scientific, Technical Services
550000	Management of Company & Enterprises
560000	Admin Support/Waste Management & Remediation
610000	Education Services
620000	Health Care & Social Assistance
710000	Arts, Entertainment & Recreation
720000	Accommodation & Food Services
810000	Other Services (excluding Public Admin)
920000	Public Administration

#### Business Owner Information

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/ST/ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Oregon DL #: \_\_\_\_\_

#### Business Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Additional Questions

Is building remodeling planned? Y/N  
Will hazardous materials be used/stored on premises? Y/N  
Is building equipped with a fire sprinkler system? Y/N  
Will this business be based in your home? Y/N

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

#### For Office Use Only

Fee Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_

REC #: \_\_\_\_\_ Process Date: \_\_\_\_\_

Bus Type: \_\_\_\_\_

Zone: \_\_\_\_\_

#### In event of building emergency, please call:

Name	Phone	After Hours Phone
Emergency Contact 1:	_____	_____
Emergency Contact 2:	_____	_____
Emergency Contact 3:	_____	_____

Alarm Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
None \_\_\_\_\_ Audible \_\_\_\_\_ Silent \_\_\_\_\_ Holdup \_\_\_\_\_ Fire \_\_\_\_\_ Other \_\_\_\_\_